

# Concerns on Maternal Quality of Life Through Children's Emotional and Behavioral Turmoil During Covid-19 Pandemic

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## Abstract

Quality of life is an individual's perception of the position in which they live and concerning their goals, expectations, standards, and other matters of concern (WHOQOL Group, 1995). The decreasing mother's quality of life during the COVID-19 pandemic could be one of the reasons for declining children's emotional and mental health. Based on Risesdas 2020, the prevalence of children's emotional and behavioral disorders in Indonesia has highly increased by 9.6%. Mental disorders mostly begin in childhood. Thus, mental health issues need to be identified early and treated during a child's development. Therefore, improving maternal quality of life is immensely necessary for maintaining children's mental health. This study aims to analyze the correlation between maternal quality of life and children's emotional and behavioral disorders during the COVID-19 pandemic. This type of research used analytic observational with a cross-sectional research design. This study was conducted at SDN Gayungan 1 Surabaya in April-May 2022 which the sample were 80 mothers of students in grades 1-6 for the academic year 2021-2022. The results of the study were tested with the spearman rho test which showed that most mothers had a moderate quality of life specifically 59 people (73.8%). Based on the strength and difficulty scale, most children had normal emotional mental health, specifically 68 people (85%) and 67 people (83.8%). Spearman's analysis showed p-value = 0.979 and 0.582 ( $p < 0.05$ ). In conclusion, there was no significant relationship between mother's quality of life and children's emotional and behavioral disorders during the COVID-19 pandemic.

Keywords: Quality of Life, Emotional and Behavioral Disorders, Children, Mother, COVID-19.

## 1. Introduction

The global pandemic of Coronavirus Disease 2019 (COVID-19) had put significant impacts on various life aspects which brought hindering consequences on all fractions of societies, from childhood to adulthood. One of the most affected matters is children's emotional mental health. Since the first outbreak of COVID-19 in January 2020, every country in the world has implemented numerous strategies to protect the national health integrity from the COVID-19 infection. Isolation and social distancing are the most implemented strategies and had been proven to effectively limit the COVID -19 spread. Thus, countries all over the world enforced the lockdown strategy, from regional to national scale, which implicated schools and other educational institutions' closure, as well as the shutdown of public areas. These unavoidable misfortunes are certainly not within society's normal way of living. These drastic alterations had detrimental impacts on the children's mental health, thus provoking stress, anxiety, and helpless feelings among juveniles (Singh et al., 2020).

The isolated and quarantined children during the COVID-19 pandemic are more prone to experience acute stress disorders, adjustment disorders, and desolation. Before the pandemic, according to World Health Organization (WHO), the prevalence of mental health disorders with depression and anxiety tendencies had

been progressively reduced, from 20% in 2015 to 5% in 2016, and 4.4% in 2017 (Yunita, 2021). Furthermore, national health research in Indonesia had also reported a similar decline in children's depression and anxiety from 13.4% in 2017, to 6.3% in 2018, and 6.3% in 2019 (Rikesdas, 2019). These progressive improvements in children's mental health disorders had drastically turned around during the COVID -19 pandemic. The most recent Indonesian national health research in 2020 revealed that children's depression and anxiety had increased to almost three times higher than in the last survey, a 9.6% escalation to 15% of children all across the country (Rikesdas, 2020).

Not only the children who undergo mental turmoil during the COVID -19 pandemic, but the parental quality of life is also rendered due to nebulous, elusive, and ambiguous information which causes stress, anxiety, and terror among parents, and further promoting the children's mental health issues (Adibelli and Sümen, 2020). Furthermore, the parents-children separation due to hospitalization and the loss of parental figures due to the COVID -19 excessive mortality rate had a significant toll on the juveniles' childhood. These disrupted childhood experiences would give rise to long-term impacts on the children's mental health. Children would be more prone to mood disorders and psychosis, as well as suicidal thoughts and attempts in future adulthood (Liu et al., 2020).

Mother, for the most part in Indonesia, has a tremendously important role as a caregiver for their children. Hence, maternal quality of life is a crucial aspect of children's growth and development (Fithriyah et al., 2021). Improvements in parental quality of life, especially for mothers, are extremely necessary to accordingly improve the children's emotional mental health during the COVID -19 pandemic. Propagation of verified information from official and formal authorities concerning the COVID -19 infection and other health issues surrounding the pandemic could alleviate the worries and anxieties among parents. Children should also be communicated with regarding the pandemic and obligatory matters during the pandemic, which could be beneficial for their growth and development (Adibelli and Sümen, 2020).

Regarding the anxieties of the parents during this COVID -19 pandemic and the following children's emotional mental health issues, we aimed to postulate a study concerning the correlation between the maternal quality of life and the children's emotional mental health during the COVID -19 pandemic. We researched a particular elementary school in Surabaya to continue the previous study by Tairas and Setiawati (2020) observing the children's emotional mental health. We hope that we could provide sufficient knowledge and information for parents, particularly mothers, to provide better care for their children's emotional mental health, hence preventing childhood stress during the pandemic.

## **2. Methods**

### **2.1 Data Collection**

This is an analytic descriptive study with a cross-sectional design. We involved mothers or other maternal substitutes of all the students of Gayungan 1 Elementary School, Surabaya, Indonesia, from grade 1 to grade 6 for the school year 2021-2022. We only included mothers who were fluent in reading and writing and were willing to follow and finish the requirements of this study. The information of this study was delivered via online meetings due to the pandemic social restrictions. We excluded the previously selected subjects with incomplete questionnaire answers or any resigned subjects during the course of the study. We employed WHOQOL-BREF (World Health Organization Quality of Life-Brief Version) and SDQ (Strengths and Difficulties Questionnaire) to collect data on maternal quality of life.

### **2.2 Data Analysis**

We analyzed the obtained data in the SPSS (Statistical Package for the Social Sciences) v25.0. Frequency and percentage were calculated for descriptive analysis and are presented in distribution tables. The correlation analysis was done with correlational statistics Spearman.

### 3. Result and Discussion

#### 3.1 Sociodemographic Data

The subjects of this study are mothers of all students from grade 1 to grade 6 of elementary school, with more than half of the respondents aged 31 to 40 years old. The majority of the mothers have graduated from senior high school, are stay-at-home housewives, and have no monthly income. All the mothers are married and have living husbands. Nearly one-third of the children were aged 12 years old and are sixth- grader. Girls are more frequent.

Table 1. Demographic Characteristics

Demographic Characteristics	Frequency	Percentage (%)
<b>Mother</b>		
<b>1. Age (years)</b>		
21-30	6	7,5 %
31-40	41	51,3%
41-50	30	37,5%
51-60	3	3,8%
<b>2. Education</b>		
Elementary	8	10%
Junior high	12	15%
Senior high	54	67,5%
College or higher	6	7,5%
<b>3. Occupation</b>		
Self-employed	3	3,8%
Private employee	13	16,3%
Laborer	1	1,3%
Housewife	63	78,8%
<b>4. Monthly Income (Rupiah)</b>		
3.000.000-5.000.000	1	1,3%
1.000.000-3.000.000	13	16,3%
<1.000.000	11	13,8%
<500.000	14	17,5%
No income	41	51,3%
<b>5. Marriage Status</b>		
Married	80	100%
Not married	0	0%
<b>Child</b>		
<b>1. Age (year)</b>		
7	8	10%
8	11	13,8%
9	9	11,3%
10	14	17,5%
11	14	17,5%
12	23	28,8%
13	1	1,3%

**2. Gender**

Boys	38	47,5%
Girls	42	52,5%

**3. Grade**

1	7	8,8%
2	9	11,3%
3	7	8,8%
4	17	21,3%
5	14	17,5%
6	26	32,5%

People with higher educational status tend to have a better quality of life, both physically and functionally. They are superior in physics, energy, social functions, and emotional control. An educational status would directly determines the general knowledge of one, including critical thinking and cognitive ability, which are important domains in molding one's behaviors and actions. The maternal educational status could also illustrate their awareness of children's state and quality of life. Thus, to overall improve the quality of life both for children and mothers, knowledge and education are strictly necessary, particularly surrounding mental health (Amelia et al., 2002).

Marnis et al. (2018) argued that the majority of mothers with higher educational status and superior general knowledge would have children with excellent quality of life. Socioeconomic circumstances and marital status of the mother are also significant aspects of children's quality of life. Financial aspects have a principal role in affecting one's quality of life, as significantly seen in non-working individuals, while positive marital status, according to an Indonesian study, remain has a positive impact on one's quality of life, compared to a divorcee, particularly the ones of a death loss (Kusuma, 2021).

### 3.2 Maternal Quality of Life

We quantified the quality of life of mothers using the WHOQOL-BREF questionnaire which comprises four domains. All of the responses in each domain would be calculated and classified into three categories: good (61-100 scores), moderate (41-60 scores), and poor (0-40 scores) (WHOQOL-BREF, 1996).

Among the four domains of quality of life, the majority of the mothers have a good quality of life, 65 mothers (81.3%) in the physical health domain, 49 mothers (61.3%) in the psychological health domain, 33 mothers (41.3%) in the social relationship domain, and 29 mothers (36.3%) in the environmental health domain. The overall distribution of the quality of life is predominated with mothers with moderate quality of life, 59 mothers (73.8%). No mother has a poor quality of life.

Table 2. World Health Organization Quality of Life-Brief Version (WHOQOL-BREF) Domains of Maternal Quality of Life

WHOQOL-BREF Domains	Frequency	Percentage (%)
<b>1. Physical Health</b>		
Good	65	81,3%
Moderate	14	17,5%
Poor	1	1,3%
<b>2. Psychological Health</b>		
Good	49	61,3%
Moderate	28	35%

<b>WHOQOL-BREF Domains Frequency Percentage (%)</b>		
<b>1. Physical Health</b>		
Good	65	81,3%
Moderate	14	17,5%
Poor	1	1,3%
Poor	3	3,8%
<b>3. Social Relationship</b>		
Good	33	41,3%
Moderate	46	57,5%
Poor	1	1,3%
<b>4. Environmental Health</b>		
Good	29	36,3%
Moderate	46	57,5%
Poor	5	6,3%
<b>5. Quality of Life</b>		
Good	21	26,3%
Moderate	59	73,8%
Poor	0	0%
Total	80	100%

Quality of life is an individual perception regarding one's bearings inside their own life with particular cultures and value system where ones live and have goals, expectations, standards, and other matters of concern. The subjective appraisal of physical and mental health is immensely affected by cultures and local values, as well as socioeconomic aspects. The maternal quality of life would be affected by age, educational status, occupation, income, and even marital status (Endarti, 2015).

In regards to the predominating educational status, which is as moderate as high school graduates, these mothers turn out to have a merely moderate quality of life. As stated in the previous section, mothers or parents with higher educational status are gravitating toward a greater understanding of the course of children's care. They also tend to be more sensitive toward the mental development of their children (Prihatiningsih and Wijayanti, 2019). Furthermore, people with lower educational status are inclined to have misinformations and overall difficulties in accepting new and complex information, hence affecting their quality of life (Aprilia, 2014).

### 3.3 Children's Emotional Mental Health

The SDQ is a measurement tool for assessing the propensity for emotional and behavioral problems. The SDQ consists of 25 items divided into 5 subscales. The children's emotional mental health is quantified within two scales, the strength scale and the difficulties scale. The difficulty scale contains four subscales: emotional symptoms, conduct problems, hyperactivity/inattention, and peer relationships problems. The fifth subscale, prosocial behavior, is included in the strength scale group.

Table 3. Strength and Difficulties Questionnaire (SDQ) of Children Emotional Mental Health

<b>Scales</b>	<b>Frequency Percentage (%)</b>
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<b>Strength and Difficulties Scales</b>		
<b>1. Strength Scale</b>		
Normal	68	85%
Borderline	9	11,3%
Abnormal	3	3,8%
<b>2. Difficulties Scale</b>		
Normal	67	83,8%
Borderline	11	13,8%
Abnormal	2	2,5%
<b>Subscales</b>		
<b>Emotional symptoms</b>		
Normal	73	91,3%
Borderline	1	1,3%
Abnormal	6	7,5%
<b>Conduct problems</b>		
Normal	66	82,5%
Borderline	10	12,5%
Abnormal	4	5%
<b>Hyperactivity/inattention</b>		
Normal	71	88,8%
Borderline	3	3,8%
Abnormal	6	7,5%
<b>Peer relationships problem</b>		
Normal	64	80%
Borderline	14	17,5%
Abnormal	2	2,5%
<b>Prosocial behaviour</b>		
Normal	68	85%
Borderline	9	11,3%
Abnormal	3	3,8%

In both of the scales, most children presented normal emotional mental health, 68 children (85%) on the strength scale and 67 children (83.8%) on the difficulties scale. When assessed using the five subscales of children's emotional mental health, most of the children in this study also have normal emotional mental health as presented in Table 3.

Prosocial behavior is one of the chief aspects of childhood development. Children should be introduced to prosocial values as early as possible in their developmental period. These prosocial values could be acquired from school or family circles. Children with strong prosocial values would not be easily influenced by external confounders and are more assured of their internal behavioral standards. Prosocial behavior should build beneficial behaviors toward others by enlightening others' physical or psychological burdens voluntarily to sincerely support their surroundings (Bashori, 2017). With a predomination of normal prosocial behavior, children in this study are assumed to have fine prosocial skills which would assist them to

understand others' feelings and help and share behavior with their peers (Rizkiah et al., 2020).

Prosocial behavior is an obligatory aspect to achieve during children's development. In the absence of prosocial behavior, children become indifferent toward their surroundings. Prosocial behavior is a natural attitude possessed by humans due to their nature as social beings that are unable to live individually and would constantly need others in their daily lives (Agustin, 2019).

The majority of normal responses of the children in the difficulties scale illustrated that children tend to have minimal issues in hyperactivity/inattention, emotional symptoms, conduct problems, or peer relationships problems. These normal results can be inferred as unobtrusive behavior and the ability of the children to deal with their environment and socialize with their peers (Yuliani dan Sriwulan, 2021).

### 3.4 The Influence of Maternal Quality of Life Towards Children's Emotional Mental Health During the Covid-19 Pandemic

Rank spearman correlation test is a statistical test used to investigate the strength of the correlation between the independent and dependent variables (Sugiyono, 2013). In detail, the rank spearman correlation statistic could identify the presence of correlation between two variables, acknowledge the correlation coefficient, determine the direction of the correlation, and the magnitude of X's contribution towards Y in percentage.

The SPSS data analysis revealed a coefficient value of 0.003 and -0.062, with a significance value of 0.979 and 0.582 ( $p > 0.05$ ). Hence it could be concluded that no relationship was found between the maternal quality of life and the children's emotional mental health issues during the Covid-19 pandemic.

Table 6. Spearman correlation between maternal quality of life and children emotional mental health scales

Maternal Quality of Life	Strength Scale			Difficulties Scale		
	Normal	Borderline	Abnormal	Normal	Borderline	Abnormal
Good	18 (85,7%)	1 (4,8%)	2 (9,5%)	17 (81%)	2 (9,5%)	2 (9,5%)
Moderate	50 (84,7%)	8 (13,6%)	1 (1,7%)	50 (84,7%)	9 (15,3%)	0 (0%)
<b>Spearman Correlation</b>	-0,003			-0,062		
<b>p-value</b>	0,979			0,582		
<b>n</b>	80			80		

Table 7. Spearman correlation between maternal quality of life domains and children emotional mental health

Domains	Strength Scale			Difficulties Scale		
	r	P	N	r	p	N
Physical health domain	0,072	0,523	80	-0,029	0,799	80
Psychological health domain	0,091	0,420	80	0,203	0,071	80
Social behaviour domain	0,138	0,223	80	-0,182	0,106	80
Environmental health domain	-0,055	0,626	80	-0,103	0,364	80

Results of the spearmen analysis illustrated that the physical health domain, psychological health domain, social relationship domain, and environmental health domain of maternal quality of life have no

impact on the strength and difficulties scales of the children's emotional mental health, and vice versa. Hence, the maternal quality of life does not influence by the prosocial behavior, emotional symptoms, conducted behavior, peer relationship problems, and hyperactivity/inattention of the children. These findings are possible to occur when other confounding factors are present.

Reasonably, positive child behavior can have a concordant positive impact on parents, especially mothers. Mothers would experience fewer burdens in raising children, and thus their quality of life could be improved. A positive reciprocal relationship between mother and child can influence the way children behave towards their parents and improve the mental health of both children and mothers (Ayun, 2017). A positive child's prosocial behavior may not affect the maternal quality of life due to other presented confounding factors that can lead to the maternal quality of life decline (Rizkiah et al., 2020).

The positive attitude of accepting mothers toward their children's current mental state and understanding the changing nature of children's behaviors can prevent the children's turmoils from affecting their quality of life (Ibda, 2015). A higher level of education also generates better understandings and strategies in encouraging children's social skills and competence, more supportive attitudes towards childhood mental development, and the ability to execute effective parenting styles. Thus, mothers with higher education can better understand the mental health condition of their children (Prihatiningsih and Wijayanti, 2019).

No significant relationship was found between the maternal quality of life and the children's emotional mental health. This may occur with a predomination of moderate to good quality of life distribution in all four WHOQOL-BREF domains. The sufficient integrity of the maternal quality of life could prevent any speckles of children's mental emotional issues does not affect their quality of life.

Quality of life is an individual satisfaction with their life in general. Quality of life also describes individual physical, mental, social, and emotional health status which is self-determined based on personal preference (Afiyanti, 2010). A mother with a good quality of life often has good physical, mental, social, and emotional health. A healthy physical and psychological condition of a mother can bring out a feeling of happiness for the mother. Happiness is a positive psychological state characterized by high degrees of life satisfaction, positive emotions, and low degrees of negative emotions, which further determines the quality of individual life (Carr, 2004, Sandjaya, 2018).

#### **4. Conclusion**

The majority of the mothers have a moderate quality of life. The children also presented normal emotional mental health in all five subscales of the instrument. However, no significant relationship was found between the maternal quality of life and the children's emotional mental health.

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